

NATIONAL Assessment Centre Services [APR - JAN 2005]

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 03/09/18 | Job description | Date & Time Completed | Done by |
| Ref No: NA/MSG18016031/13 | SAS e-filing | | |
| Veh No: SF26825P | E-mail (within 8hrs. A/C 2hrs) | | |
| D.O.A: 02/09/18 1000 | i-Motor Claim Form | | |
| OD TP (Reporting Only) | i-Motor W/O (Within: OD 2hrs. TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|---|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (ZERO GRAVITY | Tel: | Fax: |
| TP Particulars: | Veh No: SKF2794Z | INC () / Non-INC () |
| Owner / Driver: (| Tel: | () |
| Policy No: (| Period: (| Cover Type: (|
| Confirmed by: (| Date: | Time: (|
| Insured/Driver Liability: (| % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%] | |
| Year of Registration: (| Warranty: YES () / NO () | |
| Excess: (\$ | Loading: \$1,000 () / \$2,000 () | |

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towel-In (); Invoice: YES () / NO (); Towing Co. ()

| Remarks:- (INC hotline: 6788 6616) | Date & Time Completed | Done by |
|---|-----------------------|---------|
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|----------------------|
| NA1805582 | Invoice Preparation Checklist | Amt (\$) 1st Bill | Amt (\$) Add Bill |
| Claimant's Particulars :- | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| QC Checked by (Engr-In-Charge): | ON* | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| Auditors' Comments :- | TP (N11): TP (N-n INC) against INC \$20 | | |
| Cat. 1: | 9) N12: Idac Mobile 30 | | |
| Cat. 2 / 3: | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|----------------------------|--|
| Date Of Report | 03/09/2018 15:40 |
| Date Of Accident | 02/09/2018 10:00 |
| Exact Location Of Accident | BETWEEN LA SALLE ST & SIGLAP HILL JUNC |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------------|
| Vehicle Registration Number | SFZ6825P |
| Insured/Policyholder | |
| Name Of Registered Owner | MICHAEL MATTHEW LEE@LEE THIAM CHYE |
| NRIC No | S0024959I |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97331930 |
| Alternative Phone No | OTHERS-97331930 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | TOYOTA |
| Model | COROLLA ALTIS |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | D 27389422 TMP |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------------------|
| Name of Driver | MICHAEL MATTHEW LEE@LEE THIAM CHYE |
| NRIC No | S0024959I |
| Date Of Birth | 11/10/1949 |
| Occupation | INDOOR |
| Date Of Driving Pass | 30/01/1967 |
| Driving Experience | 51 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97331930 |
| Fax Number | |
| Contact Number | OTHERS-97331930 |
| Email Address | NOEMAIL |

| | |
|---|----------------------|
| Address | 7A WOO MON CHEW ROAD |
| Postcode | 455059 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |

General Information of the Accident

| | |
|--------------------|----------------------------|
| Type Of Accident | COLLISION - CROSS JUNCTION |
| Weather Conditions | AFTER RAIN |
| Road Surface | WET |

Other Information

| | |
|---|---|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 2 |
| Passenger 1 | NAME: : JUNE MICHAELA TAN GENDER: : FEMALE |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SKF2794Z |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

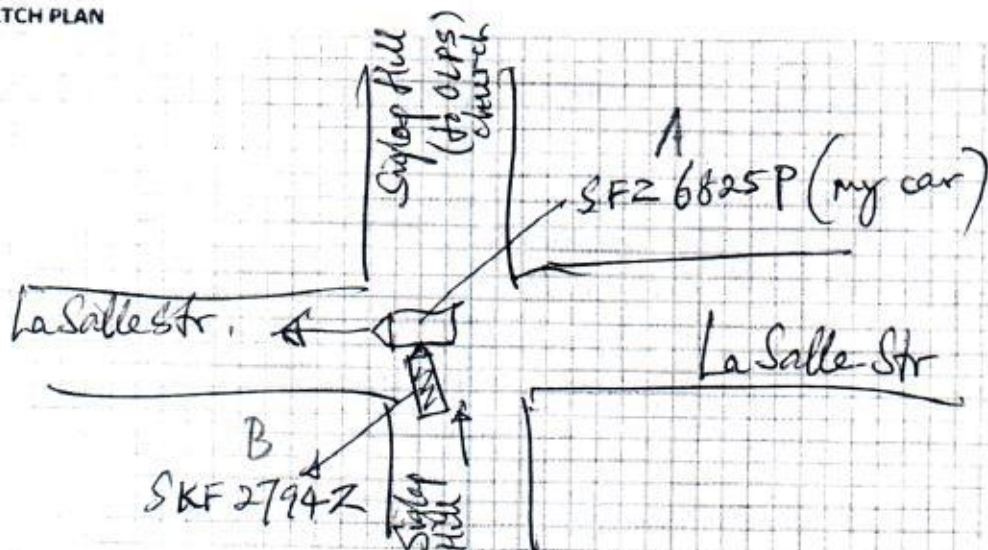
3 Sept 2018

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

2/ym 03/09/18

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After church service at about 10 am, I drove my car out from La Salle Street, crossing Siglap Hill. I was driving very slowly. Suddenly, I heard a loud bang on the left side of my car. Another black Toyota SKF 2794Z (Driver John Lim Hp 98508850) was driving down from Siglap Hill towards the church (OLPS). Before the bang, there was a loud screeching sound. The driver of SKF 2794Z could not brake in time as he was travelling quite fast downhill on a slippery road (after the rain), and his car was heavy.

He hit on the left front bonnet side first and I believe he was trying to swerve to his right causing black markings on the back left door as well.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

3 Sept 2018

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

John 03/09/18

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 2 Sept 2018 Time 10.00 Hrs
 Exact Location Of Accident * Between La Salle Str and Siglap Hill junction

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * SF2 6825 P
 Insured Policyholder
 Name of Registered Owner * Michael Matthew Lee
 NRIC/FIN/Passport Number * S0024959I
 Vehicle Particulars
 Manufacturer * TOYOTA
 Model * COROLLA 1.6(A) Attis
 Exact Purpose for which vehicle was being used at time of accident
 * Private use ☒ Commercial use ☐ Hire & reward ☐
 Others ☐ - please specify
 Are you claiming under your own insurance policy for repair to your vehicle?
 * Yes ☐ No ☒ Others ☐
 If No, please state action to be taken
 * Third Party Claim ☐ Reporting Only ☒
 Vehicle Category
 * Private ☒ Commercial ☐ Motorcycle ☐

Insurance Company

Name of Insurance Company * MSIG
 Type of Coverage * 3rd party
 Fleet Policy Yes ☐ No ☒
 Policy Number * 27389422
 Cover Note Number *

Driver

Name of Driver * Michael Matthew Lee
 NRIC/FIN/Passport Number * S0024959I
 Date of Birth * 11 OCT 1949
 Occupation * Director
 Date of Driving Pass * 01/01/1968
 Gender * Male ☒ Female ☐
 Mobile Number * 97331930
 Address * 7A WOOD MAN CHEW ROAD SINGAPORE 455059
 Email Address
 Was driver an employee of the Insured's Company?
 * Yes ☐ No ☒
 If no, Relationship of the Driver with the Insured
 * Owner

SAS 1

2 person in driver

JUNE MICHAELA TAN (F)

waiting bus all ✓

zero gravity

| | |
|---|--|
| Vehicle Registration Number of Driver's Own Vehicle (if applicable) | <input type="text"/> |
| Insurance Company of Driver's Own Vehicle (if applicable) | <input type="text"/> |
| General Information on the Accident | |
| Type of Accident | * <u>Collision (front to side)</u> |
| Weather Conditions | * Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others <u>After raining</u> |
| Road Surface | * Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Others <input type="text"/> |
| Other Information | |
| Was any body injured in the Accident? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Was any other material or property damaged? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Details of Injured Persons | |
| Name | * <input type="text"/> |
| Address | <input type="text"/> |
| Approximate Age | <input type="text"/> |
| Injuries Sustained | <input type="text"/> |
| If vehicle Occupants, state in which vehicle? | <input type="text"/> |
| Were seat belts worn? | * Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | * Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Details of Police Action | |
| Was the Accident reported to the Police? | * Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If Yes, please state which Police Station | <input type="text"/> |
| Was notice of intended Prosecution given? | * Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If Yes, against whom? | <input type="text"/> |
| DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B) | |
| Vehicle Registration Number | * <u>SKF 279A Z</u> |
| Vehicle Make / Model / Colour | <input type="text"/> |
| Detail Of Properties | <input type="text"/> |
| Name of Driver | * <input type="text"/> |
| NRIC/Passport Number | <u>S1466561 G</u> |
| Contact Number | * <input type="text"/> |
| Email Address | <input type="text"/> |
| Address | <input type="text"/> |
| Insurance Company Name | <input type="text"/> |
| Nature of Damage | <input type="text"/> |
| Details Of Witness | |
| Name | <input type="text"/> |
| Phone Number | <input type="text"/> |
| Email Address | <input type="text"/> |

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S00249591



Name
MICHAEL MATTHEW LEE
@LEE THIAM CHYE

Race
CHINESE

Date of birth
11-10-1949

Sex
M

Country/Place of birth
SINGAPORE



5419567



NRIC No. S00249591



Date of issue
03-02-2015

Address
7A WOO MON CHEW ROAD
SINGAPORE 453059

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3

Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

30 Jan 1967

NP 428A

Licence No: S0024959



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S 0 0 2 4 9 5 9 1**

Name:

MICHAEL MATTHEW LEE
@LEE THIAM CHYE

Birth Date: **11 Oct 1949**

Issue Date: **11 Jan 2018**



**MSIG****MSIG Insurance (Singapore) Pte. Ltd.**

4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807

Tel +65 6827 7888, Fax +65 6827 7800

Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
 (REPUBLIC OF SINGAPORE)
 THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1

Individual Ownership

PRIVATE MOTOR CAR - TP**Third Party**

Certificate No. D 27389422 TMP

1. Index Mark and Registration Number of Vehicle

SF26825P

2. Name of Policyholder

Michael Matthew Lee @Lee Thiam Chye

3. Effective Date of the Commencement of Insurance for the purposes of the Act

31/10/2017

4. Date of Expiry of Insurance

30/10/2018

5. Persons or Classes of Persons entitled to drive*

Michael Matthew Lee @Lee Thiam Chye

Tan Swat Ang, Lee Jun Yi Clarence,

Lee Yi Hui

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

for Chief Executive Officer

VEHICLE REGISTRATION CARD

REPUBLIC OF SINGAPORE

02-1-35735-F

REGISTRATION NO: SFZ6825P

Name of Owner

LEE THIAM CHYE

Address

7A WOO MON CHEW ROAD
SINGAPORE 455059

NRIC/Passport/Company Cert. No.: S00249591
Effective Date of Ownership: 26/10/2005
Yr of Manufacture: 2005
Class: PASSENGER (PRIVATE)
Body: MOTORCAR
Make: TOYOTA
Model: COROLLA 1.6
Colour: SILVER
Passenger-Cap: 004
Chassis No: MR053ZEC107101950
TR Chassis:
Engine No: 3ZZ4517546
Engine Cap: 01598
Propellant: PETROL
Unladen Wt: 00000
Max Laden Wt: 0000000
Original Regn Date: 26/10/2005
Registration Date: 26/10/2005
OMV (\$): 16772
Additional Regn Fee (%): 110
PARF Eligibility: YES
EXPIRES ON 25/10/2015
PARF Benefit (\$): 9225 (MINIMUM)
No. of Transfers: 00
Transfer Dates:

IU Label: 1028646313
Card Serial No: 205632680 / 01
Printing Date: 26/10/2005

COE NO : 2005110101000629K
Vehicle Category : A
Quota Premium : \$ 11991
COE Expiry Date : 25/10/2015

TO REVALIDATE THE COE, THE
PREVAILING QUOTA PREMIUM
PAYABLE IS THAT OF
CATEGORY A

A 00886356